

1 of 2



COOK COUNTY SHERIFF'S OFFICE
(Oficina del Alguacil del Condado de Cook)
INDIVIDUAL IN CUSTODY GRIEVANCE FORM
(Formulario de Queja del Individuo bajo Custodi)

CONTROL #

Individual In Custody SHORT #

2022X18190

811822

THIS SECTION IS TO BE COMPLETED BY IIC SERVICES STAFF

(! Para ser llenado solo por el personal de IIC Services !)

- ☐ Emergency Grievance
☒ Grievance
☐ Non-Compliant Grievance

010

- ☐ Cermak Health Services
☐ Superintendent:

Other: D.O.C. - 8

PRINT - INDIVIDUAL IN CUSTODY LAST NAME (Imprimir - Apellido del individuo):

PRINT - FIRST NAME (Imprimir - Primer nombre del individuo):

BOOKING NUMBER (# de identificación)

Westmoreland

Eugene

20191030026

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

08-RTU

3F

12/12/22

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievance issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies. The grievance issue is not one of the following non-grievable matters: Classification, including designation of an individual as a security risk or protective custody individual, or decisions of the disciplinary hearings officer.

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The grievance form must not contain more than one issue.

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Directrices de quejas y resumen de quejas

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REQUIRED - DATE OF INCIDENT (Fecha del Incidente)	REQUIRED - TIME OF INCIDENT (Hora del Incidente)	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente)	REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o identificación del Acusado)
12/12/22	I believe between 8:15am - 8:45am	Cermack Transport	Tom Dart / Cook County Correctional Staff / supt. / Lt.

This grievance is concerning the steep in the non-compliant ramps I used yesterday to roll up and down in my wheelchair to reach Cermack. Moving up and down these steep ramps has caused my hands to burn, upper body pain in my already damaged upper body and it also deprive me of the ability to move to and from Cermack equal to that of a non disable detainee.

NAME OF STAFF OR INDIVIDUAL IN CUSTODY HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o individuo que tengan información:)

SIGNATURE of Individual in Custody (Individuo bajo custodia):

Eugene [Signature]

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CRW NAME (Print): D. Wilson	SIGNATURE: D. Wilson	DATE CRW RECEIVED: 12.13.22
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE:	DATE REVIEWED:

(FCN-58)(MAR 22)

(WHITE COPY - IIC SERVICES DEPT.)

(YELLOW COPY - CRW)

(PINK COPY - INDIVIDUAL IN CUSTODY)



COOK COUNTY SHERIFF'S OFFICE
(Oficina del Alguacil del Condado de Cook)
INDIVIDUAL IN CUSTODY GRIEVANCE FORM
(Formulario de Queja del Individuo bajo Custodía)

2 of 2

CONTROL #

Individual in Custody SHORT #

2022X18190

81822

THIS SECTION IS TO BE COMPLETED BY IIC SERVICES STAFF

(¡ Para ser llenado solo por el personal de IIC Services !)

- ☐ Emergency Grievance
☒ Grievance
☐ Non-Compliant Grievance

- ☐ Cermak Health Services
☐ Superintendent:

Other: D.O.C-8

PRINT - INDIVIDUAL IN CUSTODY LAST NAME (Imprimir - Apellido del individuo):

Westmoreland

PRINT - FIRST NAME (Imprimir - Primer nombre del individuo):

Eugene

BOOKING NUMBER (# de identificación)

20191030026

DIVISION (División):

08-RTU

LIVING UNIT (Unidad):

3F

DATE (Fecha):

12/20/22

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

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The grievance form must not contain more than one issue.

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Directrices de quejas y resumen de quejas

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El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja corresponde asuntos no relacionados con la cárcel, como las agencias de arresto, los asuntos judiciales o el personal médico en los hospitales periféricos, etc.

REQUIRED -
DATE OF INCIDENT
(Fecha del Incidente)

12/12/22

REQUIRED -
TIME OF INCIDENT
(Hora del Incidente)Between
8:15 am - 10:15REQUIRED -
SPECIFIC LOCATION OF INCIDENT
(Lugar Específico del Incidente)

Cermack

REQUIRED -
NAME and/or IDENTIFIER(S) OF ACCUSED
(Nombre y/o identificación del Acusado)Mormont off-cus / Cook County Correctional
Staff / Supt. / Lt

I'm confined to a wheel chair and I had an outside doctor's appointment at 10:30-11 am. The movement officer took me from my tier (3F) at around 8:00 am. He had me sit in a holding cell in the RTU building for about a half an hour. I was then transported to Cermack where I sat in another holding cell for an additional hour and a half. While in Cermack I had to use the bathroom, after asking, they told me I couldn't because the toilet and sink were not accessible for wheel chair use which I require. Because of this, I was unable to use the toilet on the same basis as a non disabled detainee. An incident also happened to me while I was sitting in the Cermack H cell as well. I never used the bathroom until I returned from my appointment. I was in a significant amount of pain in my kidney area because of this.

NAME OF STAFF OR INDIVIDUAL IN CUSTODY HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o individuo que tengan información:)

SIGNATURE of Individual in Custody (Individuo bajo custodia):

Eugene Westmoreland

SUPERINTENDENT/DIRECTOR/DISENTEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE I.I.C. GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW NAME (Print):

D Wilson

SIGNATURE:

D. Wilson

DATE CRW RECEIVED:

12-13-22

SUPERINTENDENT/DIRECTOR/DISENTEE (Print):

SIGNATURE:

DATE REVIEWED:

(FCN-58)(MAR 22)

(WHITE COPY - IIC SERVICES DEPT.)

(YELLOW COPY - CRW)

(PINK COPY - INDIVIDUAL IN CUSTODY)



COOK COUNTY SHERIFF'S OFFICE

(Oficina Del Alguacil del Condado de Cook)

INDIVIDUAL IN CUSTODY GRIEVANCE RESPONSE/APEAL FORM

(Individuo bajo custodia - formulario de respuesta/apelación de queja)

CONTROL NUMBER

Individual in Custody SHORT #:

2022 X / 8190 / 811822

PRINT: CRW LAST NAME

Wilson

INFORMATION TO BE COMPLETED BY IIC SERVICES PERSONNEL ONLY

Individual In Custody LAST NAME:

Westmoreland

Individual In Custody FIRST NAME:

Eugene

BOOKING ID #:

20191030026

GRIEVANCE ISSUE AS DETERMINED BY CRW:

OIO ADA Issues

IMMEDIATE CRW RESPONSE (if applicable):

CRW/REFERRED THIS GRIEVANCE TO (Example: Superintendent, Cermak Health Services):

D.O.S. - 8

DATE REFERRED:

12 / 1

RESPONSE BY PERSONNEL HANDLING REFERRAL

After reviewing all available evidence and speaking to staff, Detainee Westmoreland declined to allow ofc transporting him to push his wheelchair. Westmoreland was offered the opportunity to use the accessible restroom in Cermak and declined stating "I take me back to RTU".

PERSONNEL RESPONDING TO GRIEVANCE (I Print I):

SABRINA C. GONZALEZ

SIGNATURE:

[Signature]

DIV./DEPT.

DOC/ADA

DATE: I don't want to be here

12, 19, 22

THIS SECTION IS TO BE COMPLETED BY INDIVIDUAL IN CUSTODY (Esta sección debe ser completada por el individuo.)

INDIVIDUAL IN CUSTODY SIGNATURE (Firma del individuo bajo custodia):

Eugene Westmoreland

DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

12, 28, 22

INDIVIDUAL IN CUSTODY'S REQUEST FOR AN APPEAL (Solicitud de apelación del individuo)

- To exhaust administrative remedies, a grievance appeal must be made on this form and within 15 calendar days of the date the individual received the above notated response. An appeal must be filed in ALL circumstances in order to exhaust administrative remedies, regardless if the grieved issue(s) have been referred for further review and/or investigation. Any pending O.P.R. review or investigation, is **NOT** part of the grievance appeal process.
- Para agotar los recursos administrativos, las apelaciones de quejas se deben realizar en este formulario y dentro de los 15 días calendarios a partir de la fecha en que el individuo recibió la respuesta anotada anteriormente. Se debe presentar una apelación en TODAS las circunstancias a fin de agotar los recursos administrativos, independientemente si los asuntos de la queja han sido referidos para una revisión y/o investigación. Cualquier revisión o investigación pendiente de OPR NO es parte del proceso de apelación de quejas.

INDIVIDUAL IN CUSTODY BASIS FOR AN APPEAL: (Base de apelación del individuo.)

DATE OF APPEAL REQUEST: (Fecha de la solicitud de la apelación.)

12, 28, 22

The staff and officer is lying, I could never turn around to help because I know I need it. They never offered me the opportunity to use the restroom in Cermak; I never knew one existed and I never spoke those words. I never asked anyone to take me back.

DIRECTOR'S/DESIGNEE'S ACCEPTANCE OF BASIS/REQUEST OF APPEAL?

(Aceptación del Director/Designado de la solicitud de apelación del individuo.)

Yes

No

IIC SERVICES DIRECTOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decisión o recomendación por parte del Director de Servicios de IIC / Designado.)

Original Response to Stand

IIC SERVICES DIRECTOR/DESIGNEE (Director de Servicios de IIC / Designado):

J. Muelle

SIGNATURE (Firma):

[Signature]

DATE (Fecha):

12, 30, 22

THIS SECTION IS TO BE COMPLETED BY INDIVIDUAL IN CUSTODY (Esta sección debe ser completada por el individuo.)

INDIVIDUAL IN CUSTODY SIGNATURE (Firma del individuo.):

Delv Via COVID19

DATE APPEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida.)

JAN 04 2023



COOK COUNTY SHERIFF'S OFFICE
(Oficina del Alguacil del Condado de Cook)
INDIVIDUAL IN CUSTODY GRIEVANCE FORM
(Formulario de Queja del Individuo bajo Custodi)

CONTROL #

Individual in Custody SHORT #

2022X18187

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☒ Emergency Grievance☐ Non-Compliant Grievance

110

☐ Cermak Health Services☐ Superintendent: E-Cermak☐ Other:

PRINT - INDIVIDUAL IN CUSTODY LAST NAME (Imprimir - Apellido del individuo):

PRINT - FIRST NAME (Imprimir - Primer nombre del individuo):

BOOKING NUMBER (#de identificación)

Westmoreland

Eugene

20191030026

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

08-PTU

3F

12/12/22

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REQUIRED -
DATE OF INCIDENT
(Fecha del incidente)REQUIRED -
TIME OF INCIDENT
(Hora del incidente)REQUIRED -
SPECIFIC LOCATION OF INCIDENT
(Lugar Específico del Incidente)REQUIRED -
NAME and/or IDENTIFIER(S) OF ACCUSED
(Nombre y/o identificación del Acusado)

12/12/22

Between 9:00 -
10:15 am

Cermack

Tom Dart, Sgt. /
Cook County Correctional Staff

This grievance is concerning an incident that happened to me while waiting on my outside doctor's appointment inside a holding cell in Cermack. First of all, I feel I should not have been sitting in a holding cell for over an hour because of my condition (I'm wheel chair bound). The incident happened when a green suite detainee walked up to my cell on his way from the bathroom and spit in my face. After this incident a female Sargent and some C.O's removed me from the cell to see a Cermack doctor and to clean my face before I proceeded to my outside appointment. My concern was the spit in my eyes, but the doctor told me that I probably would not catch or contract anything from this guy's spit. I feel I should not have been there in the cell and they should have protected me from this guy.

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(Nombre del personal o individuo que tengan información:)

SIGNATURE of Individual in Custody: (Individuo bajo custodia):

on duty officer in Cermack

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CRW NAME (Print):

SIGNATURE:

DATE CRW RECEIVED:

D. Wilson

12-13-22

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

Notification Completed via Email - Dear See attachment

(FCN-58)(MAR 22)

(WHITE COPY - IIC SERVICES DEPT.)

(YELLOW COPY - CRW)

(PINK COPY - INDIVIDUAL IN CUSTODY)



COOK COUNTY SHERIFF'S OFFICE
(Oficina del Alguacil del Condado de Cook)
INDIVIDUAL IN CUSTODY GRIEVANCE FORM
(Formulario de Queja del Individuo bajo Custodia)

CONTROL #

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☒ Emergency Grievance☐ Non-Compliant Grievance☐ Cermak Health Services☐ Superintendent:☐ Other:

S-Cermak

PRINT - INDIVIDUAL IN CUSTODY LAST NAME (Imprimir - Apellido del individuo):

PRINT - FIRST NAME (Imprimir - Primer nombre del individuo):

BOOKING NUMBER (# de identificación)

Westmoreland

Eugene

20191030026

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

08-RTU

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12/12/22

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REQUIRED -

DATE OF INCIDENT
(Fecha del incidente)

12/12/22

REQUIRED -

TIME OF INCIDENT
(Hora del incidente)Between 9:00 -
10:15 am

REQUIRED -

SPECIFIC LOCATION OF INCIDENT
(Lugar Especifico del incidente)

Cermack

REQUIRED -

NAME and/or IDENTIFIER(S) OF ACCUSED
(Nombre y/o identificación del Acusado)Tom Darty's unit
Cook County Correctional Staff

This grievance is concerning an incident that happened to me while waiting on my outside doctor's appointment inside a holding cell in Cermack. First of all, I feel I shouldn't have been sitting in a holding cell for over an hour because of my condition (I'm wheel chair bound). The incident happened when a green suite detainee walked up to my cell on his way from the bathroom and spit in my face. After this incident a female Sargent and some C.O's removed me from the cell to see a Cermack doctor and to clean my face before I proceeded to my outside appointment. My concern was the spit in my eyes, but the doctor told me that I probably wouldn't catch or contract anything from this guy's spit. I feel I shouldn't have been there in the cell and they should have protected me from this guy.

NAME OF STAFF OR INDIVIDUAL IN CUSTODY HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o individuo que tengan información:) On duty officer on duty in Cermack

SIGNATURE of Individual in Custody: (Individuo bajo custodia):

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CRW NAME (Print):

SIGNATURE:

DATE CRW RECEIVED:

D. Wilson

12-13-22

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

Notification Completed via Email - Dear

See attachment

(FCN-58)(MAR 22)

(WHITE COPY - IIC SERVICES DEPT.)

(YELLOW COPY - CRW)

(PINK COPY - INDIVIDUAL IN CUSTODY)

12/13/22, 9:57 AM

DOC-DIV: Emergency Grievance Notification 92022x18187) - Darius Wilson (Sheriff) - Outlook

Delete
 Archive
 Report
 Reply
 Reply all
 Forward
 Read / Unread

DOC-DIV: Emergency Grievance Notification 92022x18187)

This message was sent with High importance.

DW

Darius Wilson (Sheriff)

To: Wileshe Johnson (Sheriff); Cermak Supervisors

Tue 12/13/2022 9:56 AM

Cc: Lynea Fenderson (Sheriff); Natasha Jones (Sheriff); Telawn Patterson-Dea

2022x18187.pdf
214 KBEmergency Grievance Action ...
255 KB

2 attachments (470 KB) Save all to OneDrive - Cook County Sheriff's Office Download all

- Please immediately acknowledge a receipt of this communication by returning a **'REPLY ALL'**.
- See attached PDF image.
- The CRW will deliver the original "hardcopy" to the office of the Divisional Superintendent by close of business , today.
- A divisional Emergency Grievance Action Form (EGAF) is required within 5 calendar days of receipt, of this message.

Darius. Wilson, CRW II**Cook County Sheriff's Office**

D.O.C - IIC Services.

Division 8-RTU

Office Phone (773) 674-3672

Fax: (773) 674-4570

darius.wilson@ccsheriff.org

Supervisor N. Jones

EXT: 4-2853



Reply



Reply all



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COOK COUNTY SHERIFF'S OFFICE

(Oficina Del Alguacil del Condado de Cook)

INDIVIDUAL IN CUSTODY GRIEVANCE RESPONSE/APEAL FORM

(Individuo bajo custodia - formulario de respuesta/apelación de queja)

CONTROL NUMBER

Individual In Custody SHORT

2022X18187 811822

PRINT: CRW LAST NAME

Wilson

INFORMATION TO BE COMPLETED BY IIC SERVICES PERSONNEL ONLY

Individual In Custody LAST NAME:

Westonsandland

Individual In Custody FIRST NAME:

Eugene

BOOKING ID #:

20191030026

GRIEVANCE ISSUE AS DETERMINED BY CRW:

110 IN-mate on Inmate

IMMEDIATE CRW RESPONSE (If applicable):

Command stable alerted

CRW/REFERRED THIS GRIEVANCE TO (Example: Superintendent, Cermak Health Services):

Cermak DADA

DATE REFERRED:

12/13/22

RESPONSE BY PERSONNEL HANDLING REFERRAL

CERMAK STATIONARY CAMERA SHOWS NO CONTACT (VERBAL OR PHYSICAL) BETWEEN EITHER IIC. OTHER IIC WAS ASLEEP UNTIL REMOVED FROM BULPEN BY OFFICER.

PERSONNEL RESPONDING TO GRIEVANCE (I Print I):

Subenell 774

SIGNATURE:

774

DIV./DEPT.

DIV 8/CRW

DATE:

10 Jan, 2023

THIS SECTION IS TO BE COMPLETED BY INDIVIDUAL IN CUSTODY (Esta sección debe ser completada por el individuo.)

INDIVIDUAL IN CUSTODY SIGNATURE (Firma del individuo bajo custodia):

Eugene

DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

01/20/23

INDIVIDUAL IN CUSTODY'S REQUEST FOR AN APPEAL (Solicitud de apelación del individuo)

- To exhaust administrative remedies, a grievance appeal must be made on this form and within 15 calendar days of the date the individual received the above notated response. An appeal must be filed in ALL circumstances in order to exhaust administrative remedies, regardless if the grieved issue(s) have been referred for further review and/or investigation. Any pending O.P.R. review or investigation, is NOT part of the grievance appeal process.
- Para agotar los recursos administrativos, las apelaciones de quejas se deben realizar en este formulario y dentro de los 15 días calendario a partir de la fecha en que el individuo recibió la respuesta anotada anteriormente. Se debe presentar una apelación en TODAS las circunstancias a fin de agotar los recursos administrativos, independientemente si los asuntos de la queja han sido referidos para una revisión y/o investigación. Cualquier revisión o investigación pendiente de OPR NO es parte del proceso de apelación de quejas.

INDIVIDUAL IN CUSTODY BASIS FOR AN APPEAL: (Base de apelación del individuo.)

DATE OF APPEAL REQUEST: (Fecha de la solicitud de la apelación.)

1, 2, 23

This is unacceptable, I believe you are referring to a different person. There was no verbal or physical contact because the person walked past my holding cell and spat in my face. A female sergeant and two CO's witnessed it, they were escorting him. I also was interviewed by the sergeant video taped after the incident. (Please find the correct video)

DIRECTOR'S/DESIGNEE'S ACCEPTANCE OF BASIS/REQUEST OF APPEAL?

(Aceptación del Director/Designado de la solicitud de apelación del individuo.)

Yes

NO

IIC SERVICES DIRECTOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decisión o recomendación por parte del Director de Servicios de IIC / Designado.)

Original Response to Stand

IIC SERVICES DIRECTOR/DESIGNEE (Director de Servicios de IIC / Designado):

J. Muel

SIGNATURE (Firma):

J. Muel

DATE (Fecha):

2/3/23

Appeal response and/or decision returned to IIC via Inter-departmental mail, U.S. Mail or CRW delivery.
(Su respuesta de apelación y/o decisión será entregado al IIC por Correo interno del departamento, Correo de EE UU, o del Trabajador Social (CRW).)

DATE APPEAL RESPONSE/DECISION WAS FORWARDED:
(Fecha en que se envió la respuesta/decisión de apelación)

FEB 06 2023